

The *Pat Jasan* Drug Eradication Social Movement in Northern Myanmar: Origins & Reactions

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Abstract

This commentary provides an introduction to the origins and emergence of *Pat Jasan*, a social movement that emerged amongst the Kachin population of northern Myanmar in response to a perceived crisis of illicit drug production and consumption. Although frequently presented as a case of drug vigilantism, we seek move beyond this stereotype by providing a granular account of the historical, political, and cultural conditions that lay the ground for the movement's emergence. *Pat Jasan* arose in the context of intersecting crises linked to protracted armed violence, extractive development and the 'slow violence' associated with widespread drug use. It was a response to a perceived vacuum of policing and the limitations of internationally supported harm reduction measures to recognize or address the magnitude of the problem. Taking seriously the socially embedded foundations of the *Pat Jasan* movement provides an entry point for exploring how notions of harm reduction are constructed and understood locally and how movements like *Pat Jasan* emerge in response to societal concerns surrounding drugs.

Keywords

Social movement, harm reduction, Christianity, conflict, marginalization, human rights, representations, vigilantism, Myanmar, Kachin, ceasefire

Introduction

A large social movement called *Pat Jasan* emerged in 2014 amongst the Kachin population in northern Myanmar, determined to eradicate illicit drug production and consumption from this part of the country. *Pat Jasan* is a local Jinghpaw language term for ‘eradication’: *Pat* denotes to stop or cause something to cease immediately; *Jasan* describes a process of cleansing or purification. The Pat Jasan movement emerged as a response to the prevalence of drug-related harms, especially heroin addiction and the spread of HIV/AIDS. There is a widely-held perception amongst Kachin populations that the ease of access to drugs and the spread of drug harms has been an intentional strategy adopted by the Myanmar army against the Kachin people (and other ethnic minorities) as part of the country’s long-running armed conflict (Ko & Braithwaite, 2020, 693; Kachin Women’s Association of Thailand, 2014, 38; Dan & Maran, 2017, 15-16). These perceptions were heightened following the collapse of a ceasefire in 2011 between the dominant ethnic armed organization in the region, the Kachin Independence Army (KIA), and the Myanmar army (Sadan, 2016). Widespread mobile social media connectivity via Facebook, which dominates as the main social media platform in Myanmar, also became a significant contributory factor in the visibility and timing of Pat Jasan’s emergence (Leong, 2017; Aricat & Ling, 2016; Leong 2020).

The rise of Pat Jasan — raises important and challenging questions around how to address drug-related harms, and indeed what *are* drug-related harms and *who* defines them, in contexts where social mobilization around drug issues may be in tension with international harm reduction models of best practice. The harms that drug eradication social movements can cause

have been well-documented. These include increased stigmatization and marginalization of people who use drugs and their families, and the direct physical and emotional harms of individuals confronted with vigilante violence, imprisonment, and forms of treatment predicated on forced withdrawal from using drugs (Atun et al. 2019; Kenny, 2019; Lasco, 2020; Regilme, Jr, 2020). Notwithstanding these critiques, there is a need to engage seriously with the reasons why such movements arise, how drugs issues are constituted and understood locally, and why seemingly ‘evidence-based’ harm reduction approaches may have limited traction and are often viewed as ineffective or even damaging.

This commentary begins by providing an overview of Pat Jasan and the importance of approaching it as a social movement. We then contextualise the movement, outlining the significance of local experiences of the 1994-2011 ceasefire for the Kachin region and why its collapse also laid the foundations for the emergence of Pat Jasan. We explore the ways in which Kachin society frames the drugs crisis, which proved so powerful in mobilizing a broad movement for civil action. We focus on the deep social trauma of communities engaged in conflict for many decades and who feel ‘left behind’ and discriminated against. In the final section we explore national and international responses to Pat Jasan and the competing visions of harm reduction that exist between Pat Jasan and INGO harm reduction programmes in the Kachin region. In doing so, we argue that responses to drug-related harms require a more nuanced understanding of local realities and narratives, and the development of shared understandings and vocabularies about drug ‘harms’.

The commentary should be read in conjunction with two research articles in this Special Issue on Pat Jasan. Sadan, Maran & Dan’s article examines the ideological underpinnings of Pat Jasan, including historical memories of community existential threat and the important role of

the Kachin kinship system. A second research article by Maran & Sadan focuses on multiple justice systems, which arbitrate the tensions between drug harms and health, social restitution, and rehabilitation. Taken together these papers aim to provide new data and analysis, which provide a more contextualized appreciation of the movement's significance in Kachin society.

1. What is Pat Jasan?

Pat Jasan is a social movement more than an organization, and in the local Jinghpaw language, it is something that one *does* rather more than being something that one *is*. When someone says “*Pat Jasan galaw ai* (to do Pat Jasan),” principally it means going on a Pat Jasan drug raid. This might include raiding prominent drug sites, or slashing opium fields, blocking roads and carrying out stop and search activities. Local Pat Jasan groups would be organized as a form of troop unit: they would wear uniforms and carry walkie talkies to coordinate their raids. The violence of some of these activities has been well-documented (Winn, 2019). Pat Jasan members have engaged in human rights violations by forcibly capturing and detaining people, sometimes with physical violence, and destroyed property and conducted searches of homes and bodies. These activities have frequently produced a violent response by those targeted, who have armed themselves to resist capture, detention, or damage to or loss of property. Therefore Pat Jasan has been criticized for failing to provide any long-term solution to the crisis, whilst also being, itself, a source of ‘harm’.

The initial objective of the Pat Jasan movement was to unify a grassroots-led response to the issue of drug-related harms, working beyond the notion that protest and community gatherings about the situation were effective or led to genuine solutions. Although there have been other locally organized drug eradication campaigns targeting both the production and consumption of illicit drugs, Pat Jasan is different to these earlier efforts. It is rooted in a sustained, organized public movement and campaign that makes collective claims upon a wide variety of target

authorities.

Pat Jasan's activities have primarily targeted communities in Kachinland who identified as Kachin. Kachinland denotes a geographic space that extends beyond the Kachin State and Northern Shan State into ethnographically cognate regions of Yunnan Province in China, and Assam and Arunachal Pradesh in Northeast India (Sadan 2013, 2007). The Kachin people are one of Myanmar's principle so-called National Races and they acquired a namesake geo-political space in the north of the country, Kachin State, in the country's post-independence constitution (Smith, 1991; Sadan, 2013). It is a multi-group, umbrella identifier that is not as straightforward as the geo-political map would superficially suggest (Sadan, 2013). Of course, Kachin identifying people also live throughout the country and many non-Kachin identifying people live in Kachin State. The area of northern Shan State described in Maran & Sadan (this volume), for example, is a complex ethnographic and linguistic mosaic (Sai Kam Mong, 2005; Dean 2005, Dean & Viirand, 2018).

Pat Jasan has generally excluded non-Kachin actors from their activities, public discourse, and language framing, basing their claims to legitimacy on the notion of a shared Kachin identity, unified through a collective set of experiences and common values. Boundary crossing, seen for example when Pat Jasan volunteers arrest or detain non-Kachin identifying people who sell or use illicit narcotic or stimulant drugs, potentially creates a vulnerability for the movement. Pat Jasan activities of this kind have tended to bring them into conflict with a range of official and non-official actors over whom they have limited influence and control (Ko Ko and Braithwaite, 2020). However, in some areas Pat Jasan has been supported by non-Kachin identifying communities, especially in places where local people have previously developed their own community-led grassroots responses to the drugs crisis. Local administrators are

often key figures, both mediating and limiting Pat Jasan's activities. This ground-level context is described more fully in Maran & Sadan (this volume).

Pat Jasan's structure draws closely on that of the KIO and the main Kachin churches, principally the Kachin Baptist Convention (KBC), the Roman Catholic churches and the Anglican churches. Christianity has been an important corollary of Kachin ethno-nationalism for many decades (Sadan, 2013; Benson & Jacquet, 2014; Viirand, 2015, Robinne, 2007) and many of its interests have aligned with those of the KIO. However, the social identity and composition of Pat Jasan extend beyond a single interest group. There are a variety of actors and voices within the movement, sometimes with competing ideas as to what is the best way of operationalizing Pat Jasan activities in local areas. Maran & Sadan describe in more detail how the movement is organized in such a way that it can extend from the KIO's HQ in Laiza on the China border down to the smallest village, as long as it can broker its local presence successfully.

Pat Jasan also employs a variety of tools from a repertoire that identify it as a social movement aiming to achieve a set of politicized objectives. For example, it is comprised of special-purpose associations and coalitions; it utilizes public meetings, processions and vigils, rallies, and demonstrations; it also makes use of public petitions, statements made in public and to the media, and widespread pamphleteering and public information campaigns. In addition, it utilizes what Charles Tilly (2004:3-4) has described as WUNC displays, espousing the 'worthiness, unity, numbers, and commitment' of the organization and its members to their goal.

To view Pat Jasan as a social movement requires paying careful attention to why it came into

being, how it frames the ‘drugs crisis’, as well as how that framing has deep local resonance. Taking seriously the socially embedded foundations of the Pat Jasan movement provides an entry point for exploring how notions of harm reduction are constructed and understood locally and how movements like Pat Jasan emerge in response to societal concerns surrounding drugs.

2. The origins of Pat Jasan

The significance of the 1994-2011 ceasefire and its collapse

The broader context of Pat Jasan’s emergence as a social movement relates to the political economy of the region and its history of struggle to retain autonomy and achieve equal development within the Myanmar state (Smith, 1991; Sadan, 2016). The Kachin State is an area of rich natural resources, including minerals and timber, over which there has also been significant contest (Kiik, 2016; Kirchherr, 2018; Foran *et al* 2017; Woods, 2011 & 2019; Global Witness, 2015). A turning point in the region’s development after three decades of conflict was supposed to have come with a ceasefire between the Kachin Independence Army and the Myanmar army in 1994 (Ganesan, 2017; Zaw Oo & Win Min, 2007; Smith, 2010 & 2016). In contrast to early hopes that the ceasefire would lead to increased prosperity and development, the following 17 years of armed peace did not produce a ‘dividend’ of social and economic infrastructure or development planning. While a degree of increased prosperity in and around the state capital of Myitkyina was seen, this was the exception rather than the rule. There was limited access to development resources, which were controlled by the national and state governments, who in turn were subservient to the Myanmar military. KIO and KIA elites were also criticised for profiting personally from this situation (Brenner, 2017; Brenner, 2019), while ordinary people faced increasing economic hardships as the natural wealth of the region was plundered.

The ceasefire from 1994-2011 therefore failed to live up to the hopes and political aspirations

of the majority of the Kachin population. Even the absence of fighting became qualified by the increasingly common local view that the years of ceasefire resulted in greater loss of life because of drug related harms, especially among the young, than in periods of armed conflict (Ko Ko & Braithwaite, 2020; Dan & Maran, 2017; Fishbein, 2019).¹ As one elderly resident interviewed in Chipwi, northeast Kachin State, reflected,

After the ceasefire...road construction started, then the logging started in the area. The heroin started coming in when the area became more populated. Then the local youth started using different kinds of drugs. Many young people started shooting heroin. Many young people passed away because of drugs.

Critically, the ceasefire enhanced the perception that the objective of the Myanmar government, even when supposedly undertaking a political ‘transition’ away from militarized rule, was mainly the aggrandizement of its own economic, political, and military power in the region, and of its cronies, at the expense of local people.

The collapse of the ceasefire in June 2011 proved a decisive turning point in the Kachin region. Yet the return to active armed conflict received widespread popular support in Kachinland, noticeably cutting across divisions of gender and across generations. Many young people now sought to volunteer for the KIA, especially its new officer ranks that brought in a new generation of educated young people (Brenner, 2015). At the other end of the age demographic, elderly and middle-aged women, who were now *de facto* heads of household because spouses

¹ One statistic quoted more than once in local drug debates is that 50,000 Kachin had been killed by drugs since 1972 while ‘only’ 30,000 Kachin had been killed in their civil wars over a longer period, although such figures are hard to verify (Ko Ko & Braithwaite, 2020, 693).

and male relatives were incapacitated through various forms of substance misuse, were particularly vocal about their support for the KIA at this time. The role of women in the movement has been vital and is discussed in more detail in Sadan, Maran & Dan (this volume).

The renewal of conflict also created a new and very visible crisis in the region with the dislocation of many tens of thousands of local people, mainly young children and women, to hastily erected camps along the Myanmar-China border as they fled from attacks; many of these original IDPs have remained in these camps ever since and a new generation has been born and brought up in them (Ho, 2018; ICG, 2019). The Myanmar Information Management Unit (MIMU) estimates there have been 113,000 IDPs in Kachin and Shan States since 2012. Yet the dislocated were caught in a liminal borderland administrative space where international actors working through government agencies – Myanmar or Chinese - could not reach them.. Local communities were therefore left to provide the support and security that was otherwise lacking for these thousands of distressed people. The IDP crisis rallied popular civil action and confirmed widespread local popular disaffection about the national ‘peace process’, the Myanmar government’s response to this issue being used as a proof of concept that it was motivated by hostile intentions towards the Kachin people as a whole.

Yet the experience also produced a more assertive public voice integrating traditional actors, such as the churches and the KIO, with new entities such as local CSOs and NGOs. Many of these carved out space in the ceasefire setting and coordinated community-led responses to support the IDPs (Jagger, 2018; South, 2018). Civil society became a more visible, vocal, and conglomerate entity, again contributing to the context out of which Pat Jasan emerged as a broad social movement. This scenario is vital for understanding the trajectory of active social discontent that resulted in the emergence of Pat Jasan in 2014; the movement was intimately

connected with the failings of the ceasefire from 1994-2011, symbolized by perceptions of drug harms that had been allowed, and perhaps even encouraged by a hostile state, to get out of control (Kiik, 2016; see Sadan, Maran & Dan, this volume).

Framing the Drugs Crisis: Local symbols of oppression and decline

The most important symbol of social and political deterioration that unfolded through the ceasefire years of 1994-2011 was the endemic issue of illicit drug supply and use around the economically important jadeite mines, centred in Hpakant (Global Witness, 2015). These mines produced some of the most desirable and valuable stones for the China market, which in the past had been sourced through artisanal rather than industrial mining. Mine governance was brought under Myanmar government control during the ceasefire years, and this enabled large, non-local mining companies, often owned by Myanmar government cronies, to acquire the most profitable concessions. They gradually squeezed out and then actively excluded local miners from having independent access to the mines, which had been one of the most important means of livelihood security for many households across the region. Artisanal miners progressively became stone ‘scavengers’, scouring through the daily rubble discarded by the companies to find the stones that had been missed. Most critically, the new, industrialized mining practices soon resulted in environmental desecration of the mines region on a vast scale. Similar experiences were also replicated around other forms of resource extraction that expanded under the ceasefires, notably amber mining and gold and rare earth extraction.

The relationship between mining and opium use is historical and deep, with opium consumption used to incentivize hard labor in difficult conditions in many parts of the world (Waetjen, 2016; Lawson, 2015; Trocki, 2019). Yet during these and subsequent years, the longstanding drug culture of the mines shifted to become a scene of devastation on a different

scale, set against the backdrop of a deforested, muddy-red, martian-esque landscape where there had once been densely forested hills. It involved new, cheap opioids and narcotics, as well as synthetic drugs, with a shift also to injecting drug use, which had not previously been a primary form of ingestion. New mine governance, new actors, and more open borders created opportunities for new forms of drug use to enter a setting ripe for exploitation. Environmental destruction of the mines-region aligned with human destruction through drug harms and the two issues became ideologically conjoined as visible, tangible markers of the kind of catastrophic change that the choice of peace over war seemed to have produced for ordinary people:

The new gold businesses worked along the riverbank with machines. If they did not use big machines we could still do small-scale gold sluicing. But they just took away whatever they could manage to with their machines. They worked here until 2006 and destroyed everything. They did destroy not just the environment and land; they also destroyed the village community [...] So many young people started working, and opium was offered for free. (Local resident, Myitkyina Township, 2018)

The deadly combination of environmental destruction and drug harms seemed to provide further evidence of the region's oppression and declining autonomy.

Many people also felt there was strong evidence of the involvement of Myanmar army units, commanders, and officials in the illicit drug trade. This charge often focused on the complicit or tacit involvement of local security and justice officials who failed to deal with the harms brought to their attention. This narrative coalesced to frame the crisis as part of a deliberate

attempt by the Myanmar government and military to inflict existential harm upon the Kachin community collectively. As one former miner who used drugs reflected:

Two thirds of youth from Namya [a village in Hpakant] are drug addicts. The government is fighting a cold war with the ethnicities. Pat Jasan have to ask the government for permission to take action in the village. When Pat Jasan is taking action, they can't capture big drug dealers because the government have informed to drug dealers. The price of yaba [methamphetamine pills] was 2000ks for a tablet before. After Burmese military arrived there, the price of yaba is 50, 100ks for a tablet.

Belief in the hostility of the Myanmar state towards Kachin-identifying populations has been an important frame for the emergence of Pat Jasan. How this was mapped onto a specific local Christian missiological context and on narratives already embedded in Kachin history is explained further in Sadan, Maran & Dan (this volume).

Framing the drugs crisis at the household level: The collective experience of trauma and social dislocation

The problems around mining areas stretched extensively into Kachin society, as almost every Kachin household's livelihood is connected in one form or another with the jadeite mines. Therefore these problems reached deep into the domestic sphere, creating a feeling that every Kachin household was affected in some way by the crisis of drug availability and use. This issue is considered at a cultural level in Sadan, Maran & Dan (this volume).

A collective perception of drug harms coloured attitudes towards even the positive gains achieved under the ceasefire period. For example, the spread of Chinese mobile

communications, improvements in rural roads, and the wider availability of motorbikes improved connectivity for everyone, including young people, who could travel further and had greater independence. However, enhanced mobility and autonomy also made it easier for young people to access drugs, to congregate and create new forms of physical and virtual social space, as well as to enter new kinds of social interaction that diminished the authority of familial oversight and control. Drug-related problems and behaviours were then brought back into households, where extended families of children and young people in need of physical, material and emotional security often encountered distracted, distressed, and frequently intoxicated, adults.

The challenges created by drug related harms were therefore multi-generational and multi-dimensional. The growing prevalence of drug use was compounded by, and interacted with, the long-term conflict-induced trauma of the region, which created a space for the emergence of Pat Jasan. The limited capacity of households to manage the physical, material, and emotional needs of children and young people became critical in the face of long-term societal dislocation. Kachin society had changed and was changing; there were new inter-generational tensions, new challenges to traditional ways of being and behaving; new kinds of connectivity and social interaction. The lack of educational and employment opportunities, even after 17 years of peace, created a generation who found it as least as difficult as any other to access the means of satisfying their physical and emotional needs and security. As one local pastor from Monyin surmised:

Young people do not have job opportunities. They have fewer opportunities to work outside the Church and even the Church can't offer many job opportunities. Look at Monyin, there is only one bank. You cannot find Kachin staff working there. And

there are no job opportunities for Kachin youth in the government sector... Therefore, many young Kachin people turn to drugs. Drug use became more serious here after 2013 when the jade mining was accessible for a short period for the general public, and Monyin became a busy town. Young people could work in the mining sector for a short period and with it many young people turned to drugs.

Young people often felt unable to meet the demands made upon them to support their families in this situation, especially to create the financial foundations required to get married, establish their own households, and undertake wider community and kinship obligations (Lehman, 1970; Leach, 1957; King, 1969; Maran, 2007).

Often education is seen as the primary route out of this situation, and aspiration towards educational development had long been embedded in the Kachin ethnonationalist cause (Sadan, 2014; Viirand, 2015). Many families made extensive sacrifices to enable their children to graduate from high school, or even to progress to university. This was often the context for sending children long distances to stay with relatives so that they could attend school; outside the main urban areas, educational centres were scarce and poorly resourced. Locally run boarding hostels in the main towns were set up to manage the influx of young people trying to access state, KIO, and CSO developed schools and education centres. However, many of these hostels became sites for selling drugs to students lacking familial or adult oversight.

A particularly emotive symbol of the crisis, for a community that attached such importance to education, was the deterioration of Myitkyina University in the state capital. Images of its compound littered with used syringes and other drug paraphernalia circulated widely on social media. The visibility of this problem was caused partly by the university environs being an

early site for needle exchange after harm reduction initiatives were introduced in the town. The used syringes were blamed on the poor resourcing and monitoring of the harm reduction initiative, which failed to manage syringe collection properly in these early days. As these interventions were associated with organisations originating outside the region, operating with the approval of Myanmar state authorities, the problem of syringe collection added fuel to the fire that the real agenda of the Myanmar authorities was to promote drug harms rather than to resolve them.

Therefore, universities became hubs for the distribution and consumption of drugs as reflected in the observations of a man who started to use heroin during his time at Monyin University:

Drug use in the university campus became so serious around 2005. You would find used syringes and needles scattered around toilets and bushes at the back of the university campus. You see the rear side of the campus... Heroin is freely available, but not always. Some days you will find a crowd assembled there. The campus has become a favourite spot for drug dealers as well. Some dealers came to sell by motorbike from a far place. They put heroin in a plastic straw. You can get it for 1,000 or 2,000 kyats.

In cases where several siblings were studying, this could result in multiple experiences of drug related harms and, in some households, multiple mortalities.

Yet the crisis affecting a generation of young people was not limited to the urban and educated. In the villages of northern Shan State, for example, the demographic crisis of drug-related harms was experienced just as acutely, as well as along the China border regions such as

Chipwi and westwards across the Hukawng valley towards India. One woman stated in a focus group in northern Shan State, “Our entire village was addicted to drugs [before Pat Jasan] and parents were unable to look after their kids and many kids were dropping out of school. It was really a sad thing.” In the same setting, an elder from a nearby village described similar problems:

The worst year was around 2000. Drugs were so rampant that everybody was associated with drugs, even the pastors and village administrators. In our village, we have more than 300 households. Since we started recording the deaths, about 150 people have died of drugs. It is really sad. Nobody could imagine adversity on this scale. Many people were sent to jail and our village became eerily silent. It was like the entire younger generation was being wiped out. This is just in our village! Imagine the situation in the other areas.

Nding Aja, a former prisoner who was incarcerated for many years because of his drug use and who subsequently founded the Youth Christian Centre rehabilitation program, tried to weigh up the problem in the following terms:

Let’s consider there are about 5,000 young Kachin drug addicts who have been put into prison for 10 or 15 years. If they were not in prison, during those years they would be capable of having four children. It would mean that we have lost 20,000 people for our future generation. Instead, what we got was broken families. On top of that, eight out of ten drug addicts tend to be HIV positive.

This gives some insight into the existential concerns that drove Pat Jasan's harsh and sometimes violent actions. Most volunteers believe that a 'short, sharp, shock' is more likely to achieve results that minimize harms for people who use drugs, their dependents, and the wider society, than the statutory drug laws that result in long prison sentences. Fuller discussion of this important context behind Pat Jasan's modes of action is detailed in Maran & Sadan (this volume).

Pat Jasan's volunteers, lacking support and infrastructure in health, education, and justice, and without means to change any of these systems meaningfully through protest, intuited and improvised solutions and took action into their own hands to address the underlying issues affecting people in this region. This was felt particularly acutely in 2014-15, the years when Pat Jasan started. This coincided with a period of peak support for Aung San Suu Kyi who was acceding to power and was universally lionized, especially by the international community.

3. Reactions to Pat Jasan and competing visions of harm reduction

The international media has tended to reinforce pejorative views of Pat Jasan's faith-based mobilization (Winn, 2019; Cousins, 2016; Bangkok Post, 2016; McDonald, 2017; Sherwell, 2016; Southeast Asia Globe, 2016; Shaw 2017). For example, *The Telegraph* newspaper on 22nd February 2016 dubbed Pat Jasan a movement led by 'Christian anti-drug vigilantes' (Sherwell, 2016); *Southeast Asia Globe* magazine labeled it a movement led by 'Myanmar's militant Christians.' There has been little consistent reflection on the social crisis underpinning the movement in most media and other reports, notwithstanding a few accounts that reference the context (Ko Ko & Braithwaite, 2020).

Pat Jasan's contentious modes of operation provided a pretext not to engage with the structural

issues that created the conditions for the movements emergence; to have done so would have opened up a political pandora's box with serious implications for the peace process, given the scale and depth of the reasons for the drugs crisis and its relations to a flawed process of peace building since the 1990s (Meehan, 2011; Meehan, 2015).

At a national level, official statements from the National League for Democracy (NLD) government have, at times, been sympathetic towards Pat Jasan. In 2016, the party voted in favour of an emergency parliamentary bill to support Pat Jasan's agenda, though with no specifications of how. Indeed, official dissemblance is manifest in the movement's inability to get official registration, despite efforts by Pat Jasan's organisers to do so. The movement's ongoing 'unapproved status' conveniently closes off further engagement both with the movement and the drugs issue more broadly. Maran & Sadan (this volume) describe the problem of Pat Jasan's unapproved status in relation to developing inclusive discussions about legal reform relating to drugs.

However, for international harm reduction actors their reticence to engage with Pat Jasan is less about its 'unapproved status' than the methods they deploy to address drug harms – forced rehabilitation in treatment centres, punishment, faith-based models of treatment rooted in withdrawal and religious teachings. This has raised significant concerns that such methods are counter-productive, generative of new forms of physical and emotional harm, and silence the voices of people who use drugs. These concerns are reflected in some of the testimonies of people who use drugs and those who work in Pat Jasan rehabilitation centres or local harm reduction programmes.

Pat Jasan clearly diverges radically in their worldview and methods from evidence-based

international harm reduction practices and norms, based on biomedical forms of intervention, aligned to a strongly individualistic human rights agenda. Harm reduction has become a lightning rod for a wider set of anxieties, which at their heart are concerned with how harms are defined, who defines them, and which harms ‘count’. It is clear that both sets of interventions can be generative of harms, in the form of physical or structural violence, though both frame themselves as responses to drug-related harms.

On both sides of the debate, legitimate concerns and critique can easily turn into simplistic caricature. The focus on Christian vigilantism and abuse-laden Pat Jasan methods makes it difficult even for sympathetic and knowledgeable actors who support harm reduction to discuss matters beyond those acts. These ruptures, to date, have been a critical area of conflict between actors in the drugs policy field and the social movement seen in Kachinland (see Tomkins *et al*, 2015, for a broader discussion).

Although Pat Jasan’s critique and framing of internationally supported harm reduction programs may be simplistic and often inaccurate, it is important to appreciate where these views come from; they often lie in a sense of grievance that such initiatives are believed to have created additional harms, combined with a lack of understanding or downplaying of the medical, psychological, social, neurological, and emotional causes of problematic drug use.

Furthermore, harm reduction programmes have frequently diverged from notions of ‘best practice’ because of the challenges inherent to operating in conflict-affected, difficult to access (physically and in terms of government permission) communities, as well as being poorly resourced in relation to the scale of need. It remains extremely challenging to build sustained community engagement, provide effective programme oversight, or maintain consistent

supplies of methadone, or even to collect used syringes. This has led, at times, to poor monitoring and control of the effects of interventions, as seen in and around Myitkyina University, but also at other needle drop-off and exchange points. These challenges have had perverse effects, including community perceptions that there is a refusal to 'own' the problems that have emerged around these spaces. There was also a relatively widespread perception among our research participants that harm reduction initiatives too often fail to engage with or consult the wider community, when they raised their concerns about such matters as syringes not being collected and then circulating more widely, as shown in the reflections of pastors in Bhamo and Waimaw:

The villagers did not like the organization which distribute syringe for free. Young children knew how to use syringe because the organization distributed syringe for free. The organization put syringe beside the road and hang on the tree. Their mission and their actions are different. Drugs cause the environment to be unsafe and make us feel unsafe. They break up families and increase family problems. Children's education and futures are getting lost.

The [syringe] distributor and their team claimed to protect HIV/AIDs but in practice it is the other way, indirectly forcing them [people who use drugs] to go through this injection process. It looks like they encouraged the innocent who do not know yet of the syringe injection.

These sentiments were widely echoed, and the perceived harms created by harm reduction became a critical point of contention in the years leading up to the emergence of Pat Jasan. These limitations were also acknowledged by some staff working in harm reduction

programmes:

In our harm reduction work, we do needle distribution and needle collection, but it is challenging to collect these distributed needles. It is because we only have two staff for this job. You can imagine that there might be one-hundred or two-hundred people who use drugs, and among them, how many of them you think they brought needles back with them [to the office] and we do not know where they placed these needles. So the problem is that when villagers found these used needles within the community or on their way to their paddy fields or farmland, they complain about us... We understand the community and its concern on that matter, if they see that happen then they will oppose and against to our service, it affects to our job... Now the drug use problem in Chiphwi is difficult because the population of drug users has become higher in number but needles are almost gone. We will not be going to cover anymore in Chiphwi since they do not like us. So, we are now about to stop all of our programs in Chiphwi.

Notwithstanding these shortcomings, harm reduction practitioners point to the significant support that they have provided to some of the most marginalized and stigmatized actors in this crisis – the drug users themselves -- and the lives they have helped and saved; many centres and staff have also been subjected to violence and abuse from Pat Jasan volunteers. Yet in emphasizing the obvious need for harm reduction programmes, organisations may also imply they have the capacity to provide solutions that their resources do not in reality permit. Few of these programmes have been able to operate other than in the most limited way in the Kachin region. Asserting the primacy of harm reduction as a singular support mechanism above local alternative responses does not reflect that it is also a marginal option with a limited range of

access points for most people who use drugs and their families, and neither can it claim universal success as a method for people who use drugs in resource poor environments such as Kachin State.

What is lost in the tensions and competing narratives between local community mobilisation and the harm reduction programmes being implemented in Kachin State is how to improve discussion about how harm reduction initiatives with scant resources can work better with local communities to maximise their local impact and reach. Creating stronger platforms for such discussion and engagement may improve the obvious benefits that can accrue from harm reduction programs for individuals, as well as the outcomes for households and communities who will undoubtedly have to provide significant additional resource beyond the limited resources of the clinics if treatment or rehabilitation, as well as emotional and material support, is to be sustained. This discussion should be posited less as a binary framework around good/bad interventions, but rather framed around how maximum information and knowledge exchange can take place to improve outcomes in the face of such limited resources and capacities across all treatment and support initiatives.

Conclusion

As this commentary has made clear, the enactment of drug policies – including access, treatment, punishment, or rehabilitation – is not a technical, linear exercise in which policies flow from the centre to the periphery in frictionless fashion. Moreover, these policies do not flow into a vacuum; they are shaped, disrupted, remade through their encounters with the ‘local’. But most fundamentally, policy does not only emanate from the centre, with the borderlands acting as the passive receptors of state power and external drug policies. What this commentary shows – along with the two research articles on Pat Jasan in this special issue – is

that ‘drug wars’ emerge from a particular historical, social and political milieu. Borderlands are sites of innovation and improvisation, and societies under stress find solutions to challenges and problems, which make sense within their particular context and their framing of the problem; notwithstanding the fact that these ‘solutions’ may be generative of new sets of contradictions and forms of ‘harm’.

The example of Pat Jasan bears resemblances to other ‘drug wars’ including the ‘performance’ of a national (or ethno-national) crisis, the perception of a breakdown and a state of emergency, the arousal of strong emotions that ‘something must be done’ through direct action and the externalization of blame – in this case the Myanmar state and the Tatmadaw – and the scapegoating of individuals in the form of drug users and cultivators. Pat Jasan did not come out of nowhere, it was forged within a particular political economy linked to protracted conflict and ceasefire experiences, in which continued armed violence interacted with the structural violence of extractive development, along with with the ‘slow violence’ of pervasive drug use. This was generative of a particular ‘emotional economy’ or set of anxieties, in which drug harms became a point of convergence or lightning rod for these intersecting crises. Pat Jaan was in many respects part of a redemptive narrative, of regeneration and purification, somewhat resonant of Elizabeth Woods (2003) notion of the ‘pleasure of agency’ in which people take back control, establish new forms of order, through forms collective action – whether joining a rebel group, as Woods writes about in El Salvador, or mobilizing against the perceived existential crisis of drugs use.

Taking this narrative seriously and understanding where it comes from must be a starting point for a broader discussion about drug harms and harm reduction interventions. Taking borderland perspectives seriously does not mean simply valorizing that perspective or treating

Pat Jasan as the single arbiter of local voice – borderlands are heterogeneous spaces and there is a multi-vocality that needs to be heard, not least from Kachin drug users themselves who tend to be either vilified or medicalized in the two sides of this debate.

The aim of this commentary is not to provide recommendations for ‘what should be done’, but to provide an entry point for thinking more holistically and in more complex and contextualised ways about harm-reduction. Our analysis of Pat Jasan aims to show that notions of ‘harm’ and ‘harm reduction’ are neither straightforward, nor singular. Notions of evidence-based harm reduction may provide a clear template for intervention, but this misses the multiple, malleable and contested ways that harms are understood and enacted in local contexts.

Research data

Interview and focus group data on which this paper is based will be made available by the Drugs & (dis)order project at the end of 2021. The repository location and access conditions will be available via the project website (<https://drugs-and-disorder.org>).

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